



**Robert E. Bush
Naval Hospital**

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE website.
- * The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

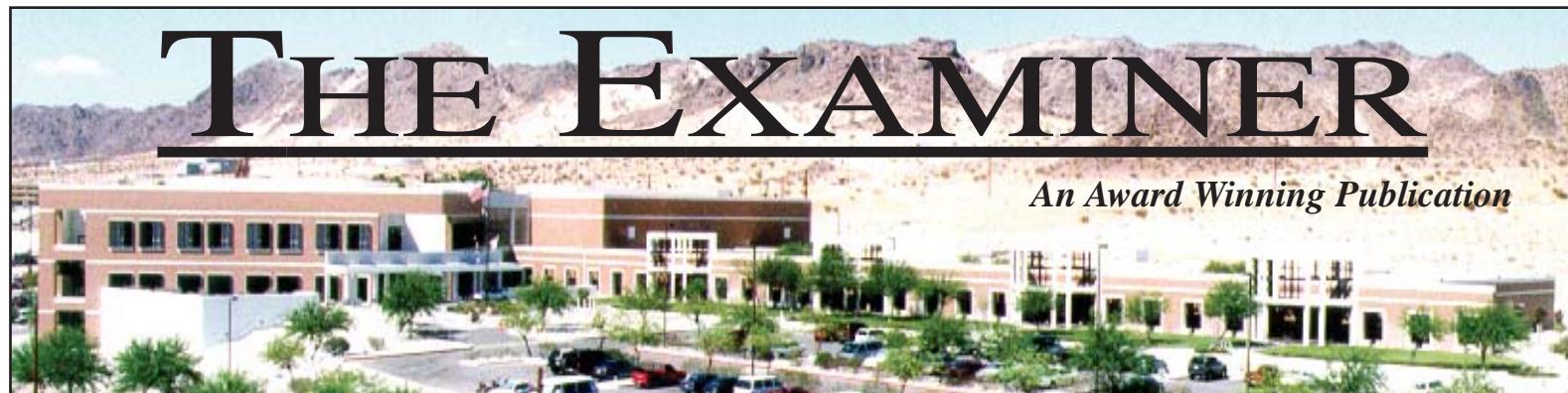
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E-mail at
complaint@jointcommission.org
Fax: 630-792-5636

The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

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Medical IG: 1-800-637-6175
DoD IG: 1-800-424-9098



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

Navy Medicine Bids Farewell to Top Doc, Welcomes New SG

From U.S. Navy Bureau of Medicine and Surgery Public Affairs

BETHESDA, Md. (NNS) -- The top doctor for the U.S. Navy and Marine Corps stepped down from the position of the Navy surgeon general and chief of the Navy Bureau of Medicine and Surgery during a change of command ceremony at the Walter Reed National Military Medical Center-Bethesda, Nov. 18.

Vice Adm. Adam M. Robinson, Jr.'s four years of service as Navy surgeon general was the twilight of a naval career that spanned 34 years.

Chief of Naval Operations Adm. Jonathan Greenert was the keynote speaker for the ceremony and detailed many of Robinson's achievements.

According to Greenert, Robinson will leave a lasting legacy including the development of a new comprehensive care model focused on patient and family-centered care that expertly balanced the dual mission of providing readiness for thousands of Sailors and Marines deployed to war zones while maintaining world class care at home.

"Robinson served those who served," said Greenert. "His profession is very critical to our primary mission of warfighting. He's ensured that our Sailors, our Marines and their families are ready for that fundamental responsibility of warfighting."

Greenert the impact of Robinson's service can be measured in the lives saved in places like Haiti and Afghanistan where there is the lowest battlefield mortality rate in history and in care he ensured was provided every day to Sailors, Marines, and their families around the world.

"The innovations he brought forward in the continuum of care and for medical readiness has brought us to the point where 98 percent of those wounded survive in combat today," said Greenert.

Upon taking the podium to a round of applause, Robinson thanked Greenert for his inspired leadership and his lasting support to the men and women of Navy Medicine.

"The men and women of Navy Medicine are the essence and heart and soul of Navy Medicine," said Robinson. "I have been incredibly privileged and honored to lead them, and I have enjoyed every moment of that experience and I thank you all for the opportunity."

Robinson reaffirmed his commitment to providing quality healthcare not only for the military servicemen in uniform today but the importance of taking care of the nation's wounded warriors for many years to come.

"We as Americans must pledge our undying assistance to help our wounded warriors and their families reintegrate to the mainstream of our community," said Robinson. "Not as men and women to be pitied, but as Americans who have given much to secure our freedom and have much more to contribute."

Robinson said wounded veterans deserve not only quality healthcare today and tomorrow, but they must be offered career opportunities as they transition out of the military.

"Our wounded warriors know how to serve," said Robinson. "Let

them. Our country's character will be strengthened and will help define us as a great nation that both honors and affirms the men and women who have given service to our country."

Greenert also welcomed Vice Adm. Matthew Nathan as Naval Department's new top uniformed medical officer.

"What is beautiful about our system is no matter how good things are, there is always someone coming behind to take the watch and carry on," said Greenert.

"You are exactly the kind of leader with the right background to lead this community forward."

Nathan, the newly appointed 37th Navy surgeon general and chief of Navy Bureau of Medicine and Surgery, took the podium after Robinson, thanking him for his long trend of always putting service above self.

"I can't thank you enough for the great shape you left Navy medicine in and for all you've done for your shipmates," said Nathan. "You've been a tireless advocate for the troops, for our own people and for me. You have my undying gratitude."

Nathan provided an overview of his vision for the future of Navy medicine which included a focus on warfighter support, taking care of the caregiver, readiness, harnessing information management systems and joint operations.

"We must look at the value of all we do measured by quality times capability, all divided by cost," said Nathan. "We cannot predict the future, but we can be ready for it."

Navy Medicine is a global healthcare network of 63,000 Navy medical personnel around the world who provide high quality health care to more than one million eligible beneficiaries. Navy Medicine personnel deploy with Sailors and Marines worldwide, providing critical mission support aboard ship, in the air, under the sea and on the battlefield.

Patients seen in October -- 11,169

Appointment No Shows in October -- 907

In October we have risen a bit to 7.5 percent of patients still not showing up for appointments. We have to keep the appointments we make, or cancel in enough time for someone else to use the slot... This percentage has climbed a half point since the last report.

To make an appointment call -- 760-830-2752

To cancel an appointment call -- 760-830-2369

How do you use your Medical Benefit?

By Dan Barber
Public Affairs Officer
Robert E. Bush Naval Hospital

Anytime you have an immediate life-threatening medical problem you should call 911.

Our medical staff here at the Robert E. Bush Naval Hospital would rather have the patients err on the side of caution with the realization that when they arrive at our Emergency Medicine Department that our professional staff will assess the medical condition with a process called Triage.

If your condition warrants it, immediate medical attention will be given. However, if the

medical staff determines that your condition is not life-threatening you or your loved one may have to wait before treatment is rendered, while patients with unstable illnesses or injury are taken care of first.

The Emergency Medicine staff understands the concern parents have for their sick children or loved ones and try very hard to provide the best possible care to everyone in a timely manner.

Emergency Medicine Departments should never be viewed as a 'Walk in Clinic.'

The hospital's clinics are run on an appointment basis, and those clinic providers usually see patients at the scheduled appointment time.

Appointments can be made

within a reasonable time at the hospital's clinics... even in many cases a same day appointment can be scheduled.

One of the anomalies that can affect appointment availability and can cause inefficiencies in the hospital's clinics is when patients make appointments and then fail to show up for or cancel those appointments. This action not only causes a waste of time and money for the hospital, but it can cause a great inconvenience to beneficiaries who are not able to make a timely appointment. In October the hospital scheduled 907 appointments that patients failed to show up for or call to cancel.

These 907 appointment slots were productively used by hospital staff however it could potentially have kept 907 people from being able to see a hospital provider in a timely manner.

If you wake up one morning

feeling ill, you can call 760-830-2752 or visit the hospital's web site at Naval Hospital 29 Online to obtain a same day appointment. A scheduled appointment minimizes waiting time that would typically be experienced with an emergency room visit, as discussed earlier.

If unable to keep an appoint-

ment, please give the hospital as much notice as possible. This is in consideration of the hospital staff that has scheduled their time around your expected visit. Most importantly, it is out of consideration for others at the Marine Corps Air Ground Combat Center who have a need to see a medical provider.

Seasonal Affective Disorder

By Martha Hunt, MA CAMF
Robert E. Bush Naval Hospital

According to the National Institutes of Health/ National Institute of Mental Health some people experience a serious mood change during the winter months, when there is less natural sunlight. This condition is called Seasonal Affective Disorder or 'SAD.' SAD is a type of depression and usually lifts during spring and summer.

Not everyone with SAD has the same symptoms. They include:

- * Sad, anxious or "empty" feelings
- * Feelings of hopelessness and/or pessimism
- * Feelings of guilt, worthlessness or helplessness
- * Irritability, restlessness
- * Loss of interest or pleasure in activities you used to enjoy
- * Fatigue and decreased energy
- * Difficulty concentrating, remembering details and making decisions
- * Difficulty sleeping or oversleeping
- * Changes in weight
- * Thoughts of death or suicide

Anyone can have signs of SAD, but it is more common in people who live in areas where winter days are very short and summer days are very long. Women are also at higher risk of SAD. People who have a close relative with SAD may develop SAD themselves indicating a genetic component.

The current belief by mental health professionals is that SAD isn't just seasonal depression, but is seasonal worsening of pre-existing depression. There may also be a link to low vitamin D levels and while not proven as a therapy, some individuals have mood improvement when taking vitamin D in the winter. SAD may also be linked to changes in levels of the chemical Serotonin in your brain that helps you to sleep and regulate moods.

SAD may be effectively treated with light therapy. Antidepressant medicines and talk therapy can reduce SAD symptoms, either alone or combined with light therapy. Exercising early in the day also has been shown to help reduce the symptoms of SAD.

There is much that is not known about SAD. If you feel that you may have SAD, talk to your primary care provider and be screened for depression.

Whooping Cough Vaccine Available

The incidence of Whooping Cough or Pertussis is on the rise in California. One key preventive measure is to be immunized with the Tdap vaccine.

This is a one-time booster for individuals over the age of 7 years.

The Naval Hospital has vaccine available in the Immunization Clinic for children and adults on a walk-in basis Monday through Friday from 9 to 11:30 a.m. and 1 to 4 p.m.

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Smoking and the Flu... Can Lead to Dire Results

**By Martha Hunt, MA CAMF
Robert E. Bush Naval Hospital**

According to the Centers for Disease Control and Prevention (CDC), if you smoke, your chances of getting the flu are higher than for a non-smoker.

Smokers are also more likely than non-smokers to die during influenza epidemics.

Furthermore, children who are exposed to second-hand smoke are more likely to develop the flu and suffer more severe symptoms.

Smoking damages your lung health in other ways as well. Smoking is related to chronic coughing and wheezing among adults and children, and can lead to chronic bronchitis and emphysema. Smokers are also more prone to chronic obstruc-

tive pulmonary disease (COPD).

Smokers are more likely than nonsmokers to have upper and lower respiratory tract infections, perhaps because smoking suppresses immune function.

There is also research that shows that flu viruses and cigarette smoke interact to increase lung inflammation, damaging the lungs further.

Smoking also greatly increases the frequency of colds in adults.

What are the symptoms of colds and flu? How can you tell which you have? Cold symptoms include sneezing, scratchy and sore throat, mild cough, and runny nose. Most people recover from colds in two days to two weeks. Flu symptoms include chills, headache, dry cough, body aches, and fever. After a few days, you can also develop nasal congestion and a sore throat.

If you are interested in quitting tobacco in all forms, contact Health Promotion and Wellness at (760) 830-2814 for more information.

There is no longer a formal four week long class as all counseling is now one on one.

Remember the entire campus of the Robert E. Bush Naval is a tobacco free zone. We appreciate your cooperation in maintaining our patients health.

Former Pediatrician from the Robert E. Bush Naval Hospital Named President, CEO of Riley Hospital for Children at Indiana University Health

INDIANAPOLIS -- Indiana University Health has named Dr. Jeff Sperring, former Pediatrician at the Robert E. Bush Naval Hospital as the president and chief executive officer of Riley Hospital for Children at Indiana University Health.

Sperring was selected for the position following a national search, said Daniel F. Evans, Jr., president and CEO, IU Health. "we determined that Dr. Sperring is the best fit for Riley. As a pediatrician himself, he has a true passion for children's healthcare, he's a valued and respected leader, he's already invested in Riley and our vision, and has established relationships with Riley's community partners around the state."

As president and CEO, Dr. Sperring will be responsible for providing overall strategic direction and leadership for pediatric services throughout IU Health. This includes direct operational and strategic oversight of pediatric programs, services and facilities at Riley at IU Health, along with shared program oversight for pediatric programs based in the community hospitals. Dr. Sperring will serve on the senior executive team for IU Health.

"I am proud to continue to serve Riley and humbled by the opportunity to lead the team as we continue to transform children's healthcare," said Dr. Sperring. "Riley already has a long and storied history but there is even

more important and exciting work to come. I could not ask for a better team of physicians, nurses, staff and volunteers, and we are resolved to providing the highest levels of patient-centered care and innovative treatment to the children of Indiana and beyond."

When Dr. Sperring first joined IU Health, he was appointed director of the Pediatric Hospitalist Program for Methodist's Children's Pavilion as part of the Riley Children's Health Partnership. He led the expansion of the program to IU Health North in 2005 and then both IU Health West and Riley at IU Health in 2007. Later that year, Dr. Sperring was appointed associate chief medical officer at Riley at IU Health and assumed the position of chief medical officer later that year.

Dr. Sperring is a graduate of Emory University and received his medical degree from Vanderbilt University School of Medicine in 1995. He completed his pediatric residency at the Naval Medical Center San Diego and served as an officer in the United States Navy Medical Corps from 1995-2001. Prior to joining the faculty at Riley, Dr. Sperring was a community pediatrician at the Robert E. Bush Naval Hospital in Twentynine Palms, Calif., and New Castle Pediatrics in New Castle, Ind. He and his wife Amie, a graduate of Indiana University School of Nursing, reside in Noblesville, Ind.



Dr. Sperring shown with a patient while assigned to the Naval Hospital, in 1999. He is just one example of the highly qualified providers this hospital employs.

You know where you want to go.

Sailor Career Toolbox
The tools you need to get there.

<http://www.npc.navy.mil/CareerInfo/CareerToolbox/>



Super Stars...



HM3 James Abelar, Maternal Infant Nursing Dept., receives the Navy and Marine Corps Achievement Medal.



Lt. Cmdr. Scott King, Orthopedic Surgeon, receives the Commanding Officer's award for Professional Excellence in Customer Service for the 3rd Quarter of 2011.



Bertha Mack, Material Management Dept., receives a 10 Year Federal Length of Service Award.

Brian Barber, Outpatient Records, receives a 15 Year Length of Federal Service Award.

Judy Espinoza, Medical Services Directorate, receives a 20 Year Length of Federal Service Award.

Genoveva Matos, Patient Administration, receives a 30 Year Federal Length of Service Award.

Danny Morrissey, Radiology Dept., receives a 5 Year Federal Length of Service Award.

HM3 Jonathan Randall, Multi-Service Ward, receives a Navy and Marine Corps Achievement Medal.

Dwanah Tajalle, Outpatient Records receives a 35 Year Federal Length of Service Award.

Deborah Schlemmer, Housekeeping Dept., receives a 5 Year Federal Length of Service Award.

Eric Von Poppen, Referral Manager, receives a 30 Year Federal Length of Service Award.

Anne Marie Whitcomb, Mental Health Dept., receives a 10 Year Federal Length of Service Award.

Bill Williams, Manpower Dept., receives a 25 Year Federal Length of Service Award.



Lt. Cmdr. Christina Lumba, Branch Clinic China Lake has been selected as the Officer of the Quarter for the period from July 1, through Oct. 31.



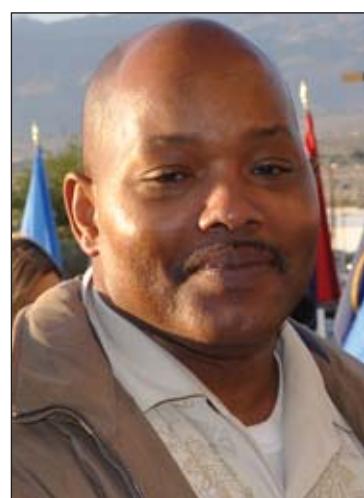
HM1 Michael Arroyo, Branch Clinic China Lake has been chosen as the Senior Sailor of the Quarter for the period from July 1, through Oct. 31.



HM3 Steven Diaz, Emergency Medicine Dept., has been named as the Junior Sailor of the Quarter for the period from July 1, through Oct. 31.



Vanda Stanley, OB/GYN Clinic has been selected as the Junior Civilian of the Quarter for the period from July 1, through Oct. 31.



Leon Garner, Fiscal, has been picked as the Senior Civilian of the Quarter for the period from July 1 through Oct. 31. He also received the 5 Year Federal Length of Service Award.



Hospitalman Mark Boddy, Multi-Service Ward, is one of the co-winners for the honor of the Blue Jacket of the Quarter for the Period from July 1 through Oct. 31.

In the Spotlight...



Hospitalman Timothy Manalac of the Multi-Service Ward, receives special recognition from Capt. Ann Bobeck, commanding officer, Naval Hospital Twentynine Palms, at the monthly Departmental appreciation luncheon. Manalac was singled out for his outstanding work on the ward and his accomplishment of completing the Advanced Life Saving certification.



Hospitalman John-Ross McCarthy, Emergency Medicine Dept., has been selected as one of the co-winners of the Blue Jacket of the Quarter for the period from July 1 through Oct. 31.



Lt. Cmdr. Timothy Brender, Pediatric Nurse Practitioner in the hospital's Pediatric Clinic has been selected by the Navy Surgeon General as the Navy Medicine's Pediatric Nurse/Pediatric Nurse Practitioner Specialty Leader. This position places Brender in a leadership advisory role to Navy Medicine for his medical specialty.

Prevent Colds with this Natural Mineral

By Shari Lopatin
TriWest Healthcare Alliance

Feel yourself developing the sniffles? Better take some zinc.

Zinc is an element in the earth's crust...one of the most common, in fact. And while too much zinc is dangerous, the human body needs zinc for certain functions. One of the most important is to keep your immune system strong, according to the Centers for Disease Control and Prevention.

By boosting your intake of zinc, you could help ward off colds.

Just make sure you're getting your recommended intake of zinc. Remember, too much

could prove harmful to your body.

Which foods contain zinc?

Try eating some of these foods listed from the National Institutes of Health, which are naturally high in zinc:

- * Oysters or crab
- * Baked beans, canned
- * Raisin bran cereal
- * Cashews
- * Lowfat yogurt and fruit
- * Chicken leg
- * Red meats, such as beef or pork

For more information on healthy eating, visit TriWest.com/eathealthy.

Recommended Dietary Allowances (RDAs) for Zinc

Age	Male	Female	If You're Pregnant	If you're breast Feeding
0-6 Months	2 mg	2 mg		
7-12 Months	3 mg	3 mg		
1-3 Years	3 mg	3 mg		
4-8 Years	5 mg	5 mg		
9-13 Years	8 mg	8 mg		
14-18 Years	11 mg	9 mg	12 mg	13 mg
19+ Years	11 mg	8 mg	11 mg	12 mg

* Source: National Institutes of Health, Office of Dietary Supplements

Risk to Patients from Data Breach Met with Proactive Response

FALLS CHURCH, Va. -- A loss of computer tapes by Science Applications International Corporation (SAIC) may have placed TRICARE patient data at risk.

There is no evidence that any of the data has actually been accessed by a third party, and analysis shows the chance any data was actually compromised is low, but proactive measures are being taken to ensure that potentially affected patients are kept informed and protected.

In addition, this breach does not effect any patients seen in facilities in California.

SAIC is a contractor for the

TRICARE Management Activity. On September 14, TMA learned that an SAIC employee reported that on September 12 computer tapes containing personally identifiable and protected health information (PII/PHI) of 4.9 million military clinic and hospital patients in Texas, or those patients who had laboratory exams sent to the military hospitals in Texas, were stolen. The data contained on the tapes may include names, Social Security numbers, addresses and phone numbers, and some personal health data such as clinical notes, laboratory tests and pre-

scriptions. There is no financial data, such as credit card or bank account information, on the backup tapes.

"We take this incident very seriously," said Brigadier General W. Bryan Gamble, TMA deputy director. "The risk to our patients is low, but the Department of Defense is taking steps to keep affected patients informed and protected."

TMA has directed SAIC to provide one year of credit monitoring and restoration services to patients who express concern about their credit. SAIC will also conduct analysis of all available data to help TMA

Seasonal Flu Shots at Hospital Clinics

Flu shots and the flu mist are available Monday, Tuesday and Wednesday from 8 to 11:30 a.m. and 1 to 3:30 p.m. and Thursdays from 9 to 11:30 a.m. and 1 to 3:30 p.m.

All beneficiaries eligible for care at the Naval Hospital are invited to come by and receive their immunization.

determine if identity theft occurs due to the data breach.

"These measures exceed the industry standard to protect against the risk of identity theft," Gamble said. "We take very seriously our responsibility to offer patients peace of mind that their credit and quality of

life will be unaffected by this breach."

The risk of harm is judged to be low despite the sensitive data involved. Retrieving data from the tapes requires knowledge of and access to specific hardware and software and knowledge of

Continued on page 7

Navy's YouTube Video Warns Against 'Spice' Drug

By Donna Miles
American Forces Press Service

WASHINGTON, Nov. 17, 2011 - A new YouTube video developed by the Navy warns service members about the synthetic marijuana known as spice, and how use of the designer drug can negatively impact their health and military careers.

Every military service bans the use of spice, which is comprised of organic leaves coated with synthetic chemicals. Spice is marketed as a safe way to get high while avoiding detection during drug tests.

Officials emphasized in the video that both spice selling points are false.

"The damage these drugs do to your mind, body and career is permanent," said Navy Rear Adm. Michael H. Anderson, medical officer to the Marine Corps. "It's not legal. It's not healthy. It's not worth it."

The Drug Enforcement Administration issued a decision in March making spice illegal nationwide for at least a year. According to the DEA's website, the agency took the action as an emergency measure in light of the alarming number of reports about spice-type sub-

stances it received from poison control centers, hospitals and law enforcement agencies.

Secretary of the Army John M. McHugh sent a memo to the Army community in February prohibiting the use and possession of synthetic cannabis and other substitutes for THC -- shorthand for tetrahydrocannabinol -- the substance in marijuana that causes a "high."

Air Force officials released guidance in June 2010 banning the use or possession of spice. The new language was incorporated in Air Force Instruction 44-121 that governs the Alcohol and Drug Abuse Prevention and Treatment Program.

Spice and other designer drugs also fall under Navy and Marine Corps zero tolerance policies.

Vice Adm. Adam M. Robinson, Jr., the Navy's former surgeon general and chief of the service's Bureau of Medicine and Surgery, emphasized that abstinence isn't enough to confront the spice problem. Like those who use, possess or distribute spice, anyone who observes these practices and doesn't report them can be charged with violating the Navy's policies as well.

"It is not good enough to simply police our own actions with

regards to spice and other designer drugs," he said. "These drugs are dangerous, and we learn more about their damaging effects each day. It is essential that every sailor and Marine be looking out for their colleagues to prevent injury to their health and their careers."

The military services have the authority to prosecute violators under the Uniform Code of Military Justice.

The forensic toxicology division within the Office of the Armed Forces Medical Examiner tests for spice and other designer drugs at the request of the services. The challenge, explained spokesman Paul Stone, is that with so many different formulas, and new compositions introduced regularly, it's difficult for testers to keep ahead of the new formulas.

Robinson emphasized that commanding officers don't need a positive urinalysis to begin the process of removing violators from military service.

Anderson reiterated the point in the YouTube video.

"Because this is a moving target and some chemicals will not show up in routine testing, commanding officers do not need a positive urinalysis to begin administrative separation," he

said.

Like other synthetic drugs including "K2" and "Blaze," spice is developed using chemicals not intended for human consumption, the video notes. The Food and Drug Administration doesn't regulate these substances, which means they aren't subject to oversight during the manufacturing process.

Little is known about the tox-

cology and safety of designer drugs, officials said. However, they noted side effects such as elevated heart rates and blood pressure, breathing problems, abdominal pain, seizures, extreme anxiety and other emotional problems.

In the most extreme situations, spice has been linked to heart attacks, psychosis and suicides, officials said.

Holiday Hours For the Naval Hospital

All hospital outpatient clinics, including the Adult Medical Care Clinic, will be closed Friday Dec. 23 through Monday Dec. 26, for the Christmas Holidays. Clinics will reopen on Tuesday Dec. 27.

Again, the clinics will be closed Friday Dec. 30 to Tuesday Jan. 3 for the New Year's Holiday.

The hospital Emergency Medicine Department and Inpatient Wards will remain open. Pharmacy, Radiology and Laboratory will be open for Inpatient and Emergency Medicine Department patients only.

For information please call the hospital's Quarterdeck at 760-830-2190.

Data Breach Met with Proactive Response...

Continued from page 6

the system and data structure. However, as a standard practice individuals may protect their personal information by taking the steps suggested by the Federal Trade Commission at: <http://www.ftc.gov/bcp/edu/pubs/consumer/idtheft/idth04.shtm>.

Concerned patients may contact the SAIC Incident Response

Call Center, Monday through Friday, 9 a.m. to 6 p.m. Eastern Time, at (855) 366-0140 (toll free) for United States callers and (952) 556-8312 (collect) internationally.

Sign up for TRICARE e-mail updates at www.tricare.mil/subscriptions.

Connect with TRICARE on

Facebook and Twitter at www.facebook.com/tricare and www.twitter.com/tricare. The TRICARE Management Activity administers the worldwide health care plan for 9.6 million eligible beneficiaries of the uniformed services, retirees and their families.

Happy Holidays to All...

Nathan Receives 3rd Star Promoted to Navy Surgeon General

By Sarah Fortney, Walter Reed National Military Medical Center Public Affairs

BETHESDA, Md. (NNS) -- Rear Adm. Matthew L. Nathan, commander of Navy Medicine for the National Capital Area, officially received his third admiral's star Nov. 18, during his promotion to Surgeon General of the U.S. Navy.

During a ceremony at the Walter Reed National Military Medical Center, at Bethesda (WRNMMC), the former WRNMMC commander was pinned by his wife, Tammy and daughter, Bobbie. Adm. Jonathan Greenert, Chief of Naval Operations, promoted Nathan. Nathan will relieve Vice Adm. Adam Robinson, who retired Nov. 18 during a separate ceremony at the hospital.

"I'm very honored to do this," said Greenert of promoting Nathan.

After receiving his third star, Nathan asked a long-time friend, Lisa Hudson, to assist him with his new uniform jacket, which signifies his position as vice admiral. Hudson's husband, John Hudson, encouraged Nathan to join the Navy, unfortunately, in October 1983, he was killed in the line of duty. Nathan said he was honored to have Lisa participate in the ceremony, as she has kept her husband's memory alive.

He went on to express his appreciation for his family and their support.

"This promotion, it's really a result of Tammy and Bobbie," he said.

Nathan has achieved many milestones throughout his naval career. As commander of the former National Military Medical Center (NNMC), he helped oversee the largest military medical integration and construction project in the history of military medicine.

Additionally, Nathan holds an appointment as clinical professor of medicine at the Uniform University of the Health Sciences, and has received the American Hospital Association Excellence in Leadership award for the Federal Sector. His personal awards include the Distinguished Service Medal; Legion of Merit (5); Meritorious Service Medal (2); Navy and Marine Corps Commendation Medal and Navy and Marine Corps Achievement Medal (2).

Having received his Bachelor of Science from Georgia Tech and Doctor of Medicine from the Medical College of Georgia, Nathan completed his internal medicine specialty training in 1984 at the University of South Florida. He then served as the Internal Medicine department head at Naval Hospital Guantanamo Bay, in Cuba. In 1985, he transferred to the Naval Hospital, Groton, Conn., as leader of the Medical Mobilization Amphibious Surgical Support Team, then went on to Naval Medical Center San Diego in 1987 to serve as head of the Division of Internal Medicine, with additional duty to the Marine Corps, 1st Marine Division.

In 1990, Nathan served as a department head at the Naval Hospital Beaufort, S.C. He then

reported to Naval Clinics Command in London where he participated in military-to-military engagements with post-Soviet Eastern European countries, and in 1995, was assigned as specialist assignment officer at the Bureau of Naval Personnel providing guidance to more than 1,500 Medical Corps officers. In 1998, he accepted a seat at the joint Industrial College of the Armed Forces in Washington, D.C., then served as the fleet surgeon, Forward Deployed Naval Forces commander, U.S. 7th Fleet aboard the flagship USS Blue Ridge (LCC 19) out of Yokosuka, Japan.

Board certified with fellow status in the American College of Physician and the American College of Healthcare Executives, Nathan has also served as deputy commander of Naval Medical Center Portsmouth, Va., in 2001, then assumed command of Naval Hospital Pensacola, Fla. There, he oversaw Navy medical relief efforts in the wake of Hurricanes Ivan, Dennis and Katrina.

In 2006, Nathan transferred from fleet surgeon to commander of U.S. Fleet Forces Command, where he assisted in organizing the Fleet Health Domain integration with the Fleet Readiness Enterprise. He was then assigned, in 2007, as commander of Naval Medical Center Portsmouth and Navy Medicine Region East, before serving as commander of NNMC from August 2008 until September 2011.



BETHESDA, Md. (Nov. 18, 2011) Adm. Jonathan Greenert, Chief of Naval Operations, left, promotes Rear Adm. Matthew L. Nathan, commander of Navy Medicine for the National Capital Area, to Surgeon General of the U.S. Navy during a ceremony at Walter Reed National Military Medical Center. Nathan was promoted to vice admiral and replaced retiring Vice Adm. Adam Robinson. (U.S. Navy photo by Sarah Fortney/Released)